

15/02/2010

INS. CASE OWNER:

CC4 / III18002615 / RI 453

LKK:

IDAC:

Surveyor:

RASUL

DOI:

ASSIGNMENT

09/02/13

Date / Time:

07/02/13

Registered in Merimen:

09/02/13

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 6632L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : S\$

D.O.A : 05/02/13

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

FBL 2056P

INSRS:
WSP: 09 78
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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RMKS:INSRS:
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Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
FBL 2056P - CS/MSG/6019985/Gabm2 D.O.A: 12/10/16	Non-Reporting ltr (1st):	
SHA 6632L - CS/11/12006032/453 D.O.A: 23/03/12	Non-Reporting ltr (2nd):	
- NS/INC/11017053/HM D.O.A: 19/03/11	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	LTA / GIA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Confirm by:		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$	(days)	
Loss of Use (LOU): S\$	(\$ x days)	
Loss of Income (LOI): S\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search: S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format:
Disbursement: S\$	(e.g. Tow/Independent)	3) Survey fee:
Legal Cost: S\$		
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time: Confirm with: Confirm by:		
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

ASSIGNMENT

Page _____ Date: 9/2/18

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV ..

To inspect Vehicle No: FBL 2056P

at Workshop No: SG 98 Motor

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Makes of Veh: _____

(Policy Condition:

Remarks: The veh had commenced its repair at the time of inspection.

Sal. or Market Value.

IDAC Accident Report	Consistent? : Yes or No
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Q/A	FS Seen:	Consistent? : Yes or No
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Est. Retains:	days	Res.: Yes or No
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3 Val: Yes or No

CA / REV / REP. / 24 HRS (wp)

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

File No. **FBL 2036A**
 Type Motor **Bus** Van Lorry Taxi Prime Mover
 Truck / Trailer or
 Make **Yamaha FZ350**
 Colour **Red** AC Insured Status NA
 So Reading **NA Available** EAC Insured Status NA
 Eng No
 C No
 Gen. Cond: Good **Fair** Poor / Burnt
 Steering **In order** / Jammed / Leaked / Burnt or
 Brake **In order** / Jammed / Leaked / Burnt or
 Modif: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **100/80-17 M/C**
 R: **145/70-17 M/C**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI
 TOYO / YOKO or **METZELER**

Front Rear
 Page 2 of 3 Page 3 of 3
 Date 5/2/2018 Date 9/2/2018
 Survey held at _____
 Des. of Damages (FR) Rear / O/S (NS) U/C / Rocked or

The UIC / Channel frame / Body Structure affects the following:

Date	Time	Action / Instruction
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Date	Time	Action/Instruction
9/2/18		Mileage Not Record - Better, Not Repair Estimate w/drop will send to HR

Date Time File Pass :

☐: Prel. Report

☐ : Final Report

22. 10. 2017

References

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Days Of Repair:

Resurvey No. of Trip:

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